

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyis	st(s) Robert Clegg	g, Debra Vande	rbeek, Periklis I	Karoutas, Leann Mo	occia, Chris Herr
II. Name of lobbyis	st's partnership, f	irm or corporat	ion, if any:		
	Legislative Solu	tions, L.L.C.			
(1)	Name of partnership,	firm or corporation	1)		_
	P.O. Box 10724	ı	Bedford	NH	03110
Business Address:	(Street)	(Towr	n/City)	(State)	(Zip Code)
() 603- 860-3	682	()		e-mail senclegg	@aol.com
(Telephone		· /	(Fax)		
III. This statement reportable expense					nay file a separate report for
All reportable tr	ransactions occurring	ng in the months	prior to the repo	rting date relative to	the following client:
	Ameri	can Civil Libert	ies Union of Ne	w Hampshire	
	(Full Name of C	lient as it appears	on the Lobbyist Re	egistration Form)	
<u>OR</u>					
 △ All reportable tra unrelated to any par 		obbyist (including	g the lobbyist's f	amily), or the lobbying	ng firm listed below which are
IV. Date of Report Reports cover: ac	April 25, 2018 April 25, 2018	•	78 activit	July 25, 2018	18
	October 31, 2 activity from 7/1/2		activi	January 30, 2019 ☐ ty from 10/1/18 to 12/3	31/18
	d, complete just thi	_		ctions made since ary of State's Office,	the last report. State House, Room 204,
VI. Check if additi	onal reports are a	ttached:			
	=		u must file Adde	endum A – Fees and I	Expenses
	d an honorarium or	-			eport of Honorariums or
☐ If you, your firm	n, or your family h	as made political	contributions, y	ou must file Addend	lum C- Political Contributions
Sworn Statement/A I have read RSA 15 and complete to the	, RSA 15-B, RSA 1	4-C and RSA 60	54 and hereby sw	ear or affirm that the	e foregoing information is true
I My tel	Su al			April 9, 2018	
Signature of lobby	rist)				ate)
Robert Clegg	U				
(Print Name of lobb	byist)				

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	tas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client American Civil Liberties Union of New Hampshire	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>12,000.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 12,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political expenses reimbursement, or political expenses agreement.
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported. 	a) \$ <u>12,000.00</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 12,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>12,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Low Clew	April 9, 2018
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis	sí
Statement of Income and Expenses for:	

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any	
particular client):	articular client): American Civil Liberties Union of New Hampshire			
Date of Report (check	cone):			
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
			nd Expenses described above, and umber of Addendum forms being	
_X Addendum A	(s).			
Addendum B(s).			
Addendum C((s).			
-	f my knowledge and be	lief.	nt and each Addendum is true and 19, 2018 (Date)	
(Signature of topoyist)		(Date)	
Debra Vanderbeek				
(Print Name of lobbyi	st)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fe	or the partnership, firm, or	corporation and not related to any
particular client):	American Civil	Liberties Union of New Ha	mpshire
Date of Report (check	one):		
April 25, 2018 💢	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
	ums submitted with th		nd Expenses described above, and umber of Addendum forms being
Addendum B(s).		
Addendum C(s).		
	m that the foregoing in fing knowledge and be	lief.	nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Periklis Karoutas (Print Name of lobbyi	st)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	artnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	e blank if Statement is f	or the partnership, firm, or	corporation and not related to any
particular client):	cular client): American Civil Liberties Union of New Hampshire		
Date of Report (chec	k one):		
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
	dums submitted with th		nd Expenses described above, and umber of Addendum forms being
Addendum B	(s).		
Addendum C	(s).		
=	rm that the foregoing in finy knowledge and be	lief.	nt and each Addendum is true and
(Signature of lobbyist)		(Date)
Leann Moccia		****	
(Print Name of lobby)	ISU)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave bl	ank if Statement is fo	or the partnership, firm, or	corporation and not related to any	
particular client):	rticular client): American Civil Liberties Union of New Hampshire			
Date of Report (check o	ne):			
April 25, 2018	July 25, 2018 🗆	October 31, 2018 □	January 30, 2019 □	
			nd Expenses described above, and umber of Addendum forms being	
\bigwedge Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm complete to the best of n			nt and each Addendum is true and	
(hiests/	Her	April	9, 2018	
(Signature of lobbyist)			(Date)	
Chris Herr (Print Name of Johnvist)				